

Design and Implications of the Head Start Family and Child Experiences Survey (FACES)

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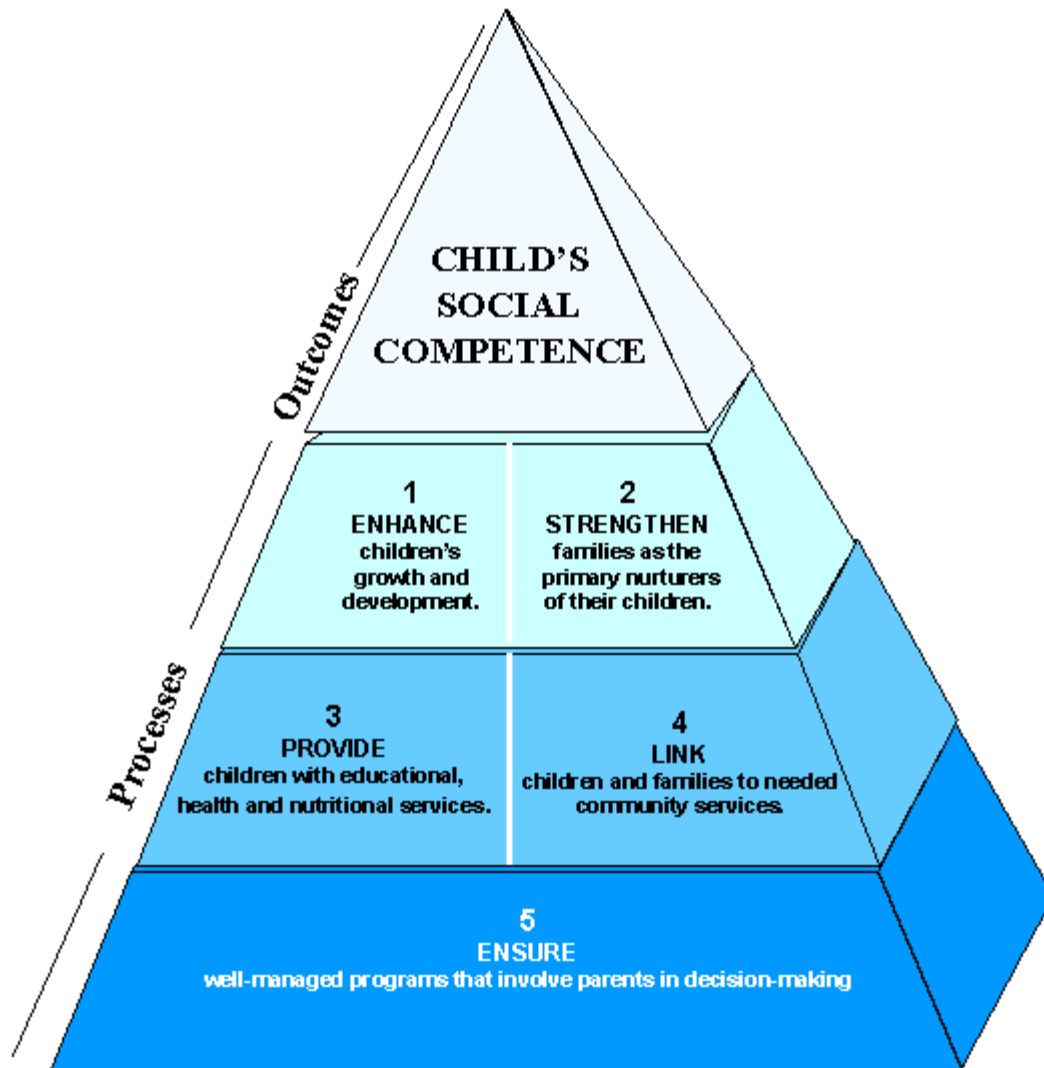
Introduction

In 2000, Head Start marked the fifth year of implementing its system of Program Performance Measures. As the nation's premier early childhood education program, Head Start is leading the way in developing and reporting on its accountability for services to more than 800,000 children and their families each year. From initial planning in 1995 to the ongoing data collection of a second cohort of Head Start children that began in Fall 2000, Head Start has made dramatic progress in developing an outcome-oriented accountability system. This approach combines the best attributes of scientific research with program-level reporting and monitoring and is based on a consensus-driven set of criteria for program accountability.

The Head Start Program Performance Measures Initiative is a response to a specific legislative mandate, strategic planning for Head Start, and broader public emphasis on accountability and the general movement toward results-oriented evaluation. Specifically, the Program Performance Measures were developed in accordance with the recommendations of the Advisory Committee on Head Start Quality and Expansion, the mandate of Section 641A (b) of the Head Start Act (42 USC 9831 et seq.) as reauthorized in 1994 and the Government Performance and Results Act (GPRA)(Public Law 103-62).

The Head Start Act defines Program Performance Measures as "methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies" that will be used to identify strengths and weaknesses in the Head Start program--both nationally and by region--and to pinpoint areas requiring additional training and technical assistance.

Figure 1
Head Start Program Performance Measures
Conceptual Framework



The Performance Measures framework is based on the ultimate goal of Head Start, which is to promote the social competence of children. *Social competence* is the child's everyday effectiveness in dealing with his or her present environment and later responsibilities in school and life. For the 5-year-old child coming to the end of the preschool period and entering school,

an important life challenge and key test of the child's social competence is whether he or she has acquired the skills, understandings, and behaviors that help insure successful functioning in this new environment, what is often called *school readiness*.

Head Start has adopted the "whole child" view of school readiness that was recommended by the Goal One Technical Planning Group of the National Education Goals Panel (Goal One Technical Planning Group, 1991, 1993). This view sees school readiness as a multi-faceted phenomenon comprising five developmental domains that are important to the child's readiness for school: physical well-being and motor development, social and emotional development, approaches to learning, language usage and emerging literacy, and cognition and general knowledge. Another recent report, *Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000), also emphasizes the socio-emotional aspects of readiness. In fact, it states that "the elements of early intervention programs that enhance social and emotional development are just as important as the components that enhance linguistic and cognitive competence" (p. 11). Each of these domains is represented in the battery of measures being used to assess how well Head Start programs are performing. The battery takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs. Social competence is depicted at the top of the pyramid, with five objectives supporting it:

- Objective 1. Enhance children's healthy growth and development
- Objective 2. Strengthen families as the primary nurturers of their children
- Objective 3. Provide children with educational, health and nutritional services
- Objective 4. Link children and families to needed community services
- Objective 5. Ensure well-managed programs that involve parents in decision-making.

Each of these objectives is critical to helping children of low-income families attain their full potential. They also represent key cornerstones of the Head Start program. Objectives 1 and 2 represent outcomes or results that the program is designed to produce. Achieving both of these objectives is critical to the ultimate success of Head Start. As parent involvement and family support are key tenets of Head Start, both child and family-oriented outcome measures are included here. Objectives 3, 4, and 5 comprise the lower tiers of the pyramid and contain the process measures that are key to the attainment of Objectives 1 and 2 and the ultimate goal of enhancing children's social competence. An important aspect of the pyramid is the strong empirical connection between the provision of quality services (process measures) and improvements in child development (outcome measures). The 24 Head Start Program Performance Measures, grouped under the program objectives, are listed in Figure 1.2.

Figure 1.2
Head Start Program Performance Measures

OBJECTIVE 1: ENHANCE CHILDREN'S GROWTH AND DEVELOPMENT.	
1.	Head Start children demonstrate improved emergent literacy, numeracy, and language skills.
2.	Head Start children demonstrate improved general cognitive skills.
3.	Head Start children demonstrate improved gross and fine motor skills.
4.	Head Start children demonstrate improved positive attitudes toward learning.
5.	Head Start children demonstrate improved social behavior and emotional well-being.
6.	Head Start children demonstrate improved physical health.
OBJECTIVE 2: STRENGTHEN FAMILIES AS THE PRIMARY NURTURERS OF THEIR CHILDREN.	
7.	Head Start parents demonstrate improved parenting skills.
8.	Head Start parents improve their self-concept and emotional well-being.
9.	Head Start parents make progress toward their educational, literacy, and employment goals.
OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH AND NUTRITIONAL SERVICES.	
10.	Head Start programs provide developmentally appropriate educational environments.
11.	Head Start staff interact with children in a skilled and sensitive manner.
12.	Head Start programs support and respect children's cultures.
13.	Head Start assures children receive needed medical, dental, and mental health services.
14.	Head Start children receive meals and snacks that meet their daily nutritional needs.
15.	Head Start programs provide individualized services for children with disabilities.
OBJECTIVE 4: LINK CHILDREN AND FAMILIES TO NEEDED COMMUNITY SERVICES.	
16.	Head Start parents link with social service agencies to obtain needed services.
17.	Head Start parents link with educational agencies to obtain needed services.
18.	Head Start parents link with health care services to obtain needed care.
19.	Head Start parents secure child care in order to work, go to school, or gain employment training.
OBJECTIVE 5: ENSURE WELL-MANAGED PROGRAMS THAT INVOLVE PARENTS IN DECISION-MAKING.	
20.	Head Start programs are well-managed.
21.	Head Start parents are involved actively in decisions about program operations.
22.	Head Start programs employ qualified staff.
23.	Head Start programs support staff development and training.
24.	Head Start programs comply with Head Start regulations.

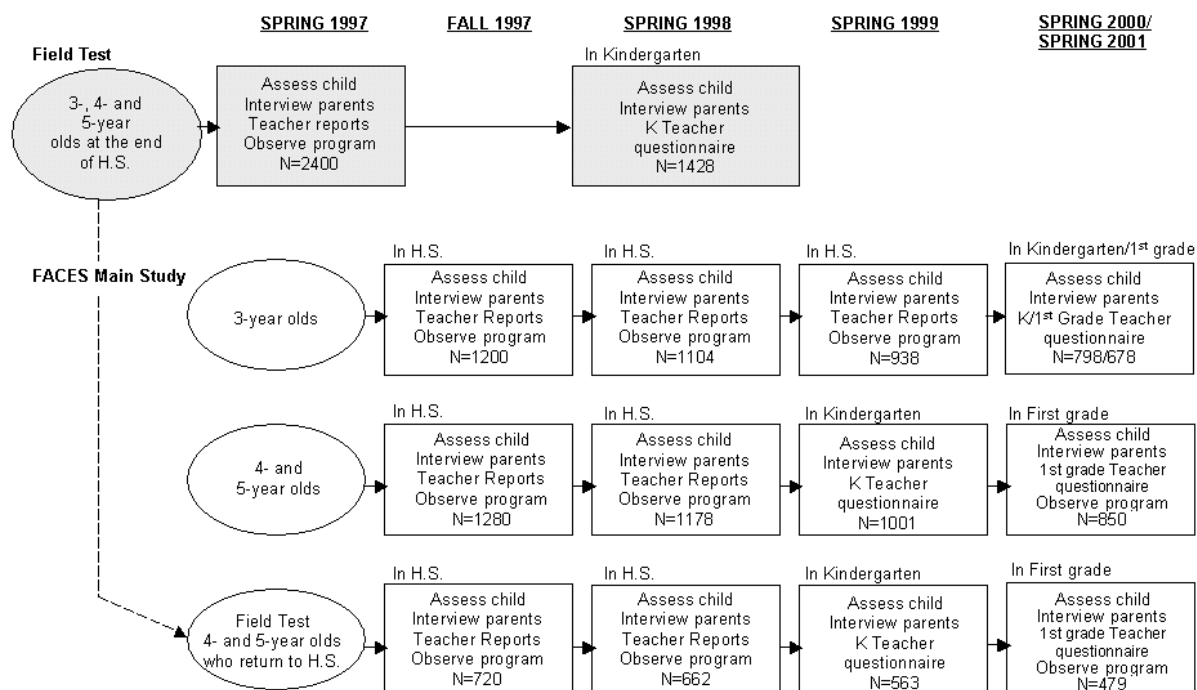
The Head Start Family and Child Experiences Survey

The Head Start Family and Child Experiences Survey (FACES) is a central part of Head Start's Program Performance Measures Initiative. FACES is gathering comprehensive data on the cognitive, social, emotional and physical development of Head Start children; the characteristics, well-being and accomplishments of families; the quality of Head Start classrooms; and the characteristics, needs and opinions of Head Start teachers and other program staff.

FACES employs a nationally representative sample of Head Start programs, centers, classrooms, children and parents. The sample is stratified by three variables: region of the country (northeast, midwest, south or west); urbanicity (urban versus rural); and percentage of minority families in the program (50 percent or more vs. less than 50 percent).

FACES has six phases of data collection. The first phase was a Spring 1997 field test in which approximately 2,400 children and parents were studied in a nationally stratified random sample of 40 Head Start programs. The second and third phases of FACES occurred in Fall 1997 and Spring 1998 when data were collected on a sample of 3,200 children and families in the same 40 Head Start programs. Spring 1998 data collection included assessments of both Head Start children completing the program and Head Start graduates completing kindergarten (kindergarten field test), as well as interviews with their parents and ratings by their kindergarten teachers. The fourth phase occurred in Spring 1999 with data collection in the 40 Head Start programs, plus a kindergarten follow-up for former Head Start children. The fifth phase in Spring 2000 completed the Kindergarten follow-up for the children completing Head Start in Spring 1999 and first graders who completed Head Start in 1998. The sixth phase in Spring 2001 will complete the first grade follow-up for the children completing Head Start in Spring 1999. These phases allow for pre-post comparisons, assessing the effects of Head Start by examining children and parents before their exposure to Head Start and determining their status at the end of the program.

Figure 1.3
FACES Sample and Data Collection (1997-2001)



FACES Instruments

The FACES battery has four main components: the child assessment, parent interview, teacher and staff interviews, and classroom observations. The child outcomes include the major components of social competence, and are collected through direct child assessments, rating scales completed by parents and teachers, and independent observations of children's play. Parent interviews are administered to the primary caregiver of the Head Start child, and tap parenting behaviors, the socioeconomic characteristics of the family, and parental mental health. Teachers and staff interviews are administered to classroom teachers, program directors, and component coordinators to collect data on staff experience, education and training as well as attitudes and activities with children and parents. Classroom observations collect data on both the structure of the classroom and classroom processes, such as teacher-child interactions. Response rates of 80 percent or better were obtained across the measures.

INSTRUMENTS TO ASSESS CHILD

HS = Head Start child, KG = Kindergarten child, 1G = 1st grade child

Name of the Instrument	Spring 1997	Fall 1997	Spring 1998	Spring 1999	Spring 2000
COGNITIVE OUTCOMES					
1. Social Awareness Tasks	HS	HS	HS, KG	HS, KG	KG, 1G
2. Peabody Picture Vocabulary Test III (PPVT)/Test de Vocabulario en Imágenes Peabody (TVIP)*¹	HS	HS	HS, KG	HS, KG	KG, 1G
3. McCarthy Draw-A-Design	HS	HS	HS	HS	-
4. Color Names and Counting	HS	HS	HS	HS	-
5. Woodcock-Johnson Letter-Word Identification * ² / Woodcock-Muñoz Identificación de letras y palabras	HS	HS	HS, KG	HS	-
6. Woodcock-Johnson Applied Problems * ² / Woodcock-Muñoz Problemas aplicados	HS	HS	HS, KG	HS, KG	KG, 1G
7. Woodcock-Johnson Dictation * ² / Woodcock-Muñoz Problemas aplicados	HS	HS	HS, KG	HS, KG	KG, 1G
8. Story and Print Concepts					
• 1997: Goodnight Moon/Buenas Nochas Luna	HS	HS	HS, KG	HS	-
• 1998, 1999: Where's My Teddy/¿Dónde Está Mi Osito?					
9. The Phonemic Analysis Task from the Test of Language Development, Third Version (TOLD-III)	HS* ³	-	KG	KG	KG, 1G
10. Name Writing Task	-	-	KG	KG	KG, 1G
11. Early Childhood Longitudinal Study-Kindergarten Cohort (ECLS-K) Reading	-	-	-	KG	KG, 1G
12. Early Childhood Longitudinal Study-Kindergarten Cohort (ECLS-K) General Knowledge	-	-	-	KG	KG, 1G
13. Developmental Accomplishments	HS	HS	HS, KG	HS, KG	KG, 1G* ⁴
SOCIO-EMOTIONAL OUTCOMES					
1. Social Skills (completed by teacher)	HS	HS	HS, KG	HS, KG	KG
2. Classroom Conduct Problems (completed by teacher)	HS	HS	HS, KG	HS, KG	KG
3. Your Child's Behavior (completed by parent)	HS	HS	HS, KG	HS, KG* ⁵	KG* ⁵
4. Peer Play Observation Scale	HS	HS	HS	HS* ⁶	-
5. Assessment Behavior Scale (completed by interviewer)	HS	HS	HS, KG	HS, KG	KG, 1G
6. Teacher Feedback on Child's School Performance and Behavior (completed by parent)	-	-	KG	KG	KG, 1G
7. Child Observation Record (COR)	HS	HS	HS, KG	HS, KG	KG, 1G

*¹ TVIP was administered mainly in Spring 1997 & Fall 1997. In Spring 1998, Spring 1999 & Spring 2000, it was administered only to children in Spanish-speaking classrooms.

*² Woodcock-Johnson Scales were not administered to 3-year-old children in the second cohort.

*³ Administered only to 4-year-old children.

*⁴ Parents were asked only questions about their child reading storybooks on own.

*⁵ This version of the scale is different from the one used with HS children and the scale used with KG children in Spring 1998.

*⁶ Used only for a small subsample of children observed by the Quality Check Visitors.

INSTRUMENTS TO OBSERVE HEAD START CLASSROOM

Name of the Instrument	Spring 1997	Fall 1997	Spring 1998	Spring 1999	Spring 2000
1. Assessment Profile - Scheduling	✓	✓	✓	-	-
2. Assessment Profile - Learning Environment	✓	✓	✓	-	-
3. Early Childhood Environment Rating Scale (ECERS)	✓	✓	✓	-	-
4. Arnett Scale of Caregiver Behavior - Lead Teacher Form	✓	✓	✓	-	-
5. Arnett Scale of Caregiver Behavior - Assistant Teacher Form	✓	✓	✓	-	-
6. Counts of adults/children	✓	✓	✓	-	-

Because Head Start is committed to regular, ongoing accountability measurement and program improvement, a new national cohort of FACES was launched in Fall 2000. Sampling 2,800 children and their families from 43 new Head Start programs across the nation, FACES will continue to examine child outcomes, the quality of Head Start programs, and the well-being and achievements of Head Start families. The FACES battery remained largely the same, with some minor revisions based on field experiences and newly released versions of instruments. This new wave of data collection also includes interviews with a subsample of Head Start fathers to learn directly about their role and influence in their children's lives.

The FACES Embedded Case Study

An additional feature of FACES is the embedded case study of a longitudinal sample of 120 randomly selected families from the larger FACES sample (three families from each of the 40 FACES sites were selected). The goal of the case study is to provide a more complete profile of Head Start families and children, their neighborhoods, and the nature of their interactions with Head Start. The FACES case study provides in-depth cross-sectional and longitudinal descriptive data, both qualitative and quantitative, over a two-year period. The case study consists of four primary data collection components: 1) home visit parent interviews, which are semi-structured, open-ended interviews conducted with Head Start parents regarding their families, their experiences with Head Start, and their neighborhoods at each of the three data collection points in the study (Spring 1997, Fall 1997, Spring 1998); 2) home and neighborhood observations reported by the interviewers and by the families during home visits; 3) monthly telephone contacts which started in June 1997 and continued until December 1998, providing family updates on changes in household composition, child care arrangements, employment status, health status, and Head Start participation; and 4) community agency telephone interviews regarding the amount and overall nature of collaboration between their agency and the Head Start program.

Literacy Implications

Head Start programs should:

- Fully implement the new child assessment requirements to determine the developmental status of each child and individualize the educational program to maximize child learning in each year of Head Start.
- Build on preliteracy gains made by 3-year-olds in their first year of Head Start by providing a more stimulating program for 4-year-olds that places special emphasis on vocabulary development, letter identification, and book and print concepts.
- Enhance their emphasis on the development of preliteracy skills, especially for 4-year-olds in an effort to bring child performance up to national norms.
- Provide language-rich environments with strong emphasis on vocabulary development through exposure to diverse experiences, materials, book reading and story discussion.
- Assure the development of the fine motor skills needed for writing through a variety of developmentally appropriate small muscle activities.

Quality Implications

The Federal Head Start Bureau should:

- Continue to recognize that quality in child development programs makes a difference and that high standards help produce quality programs.
- Continue quality enhancement efforts in all programs to ensure that they are of high quality, with special attention to the provision of sufficient program resources
- Through program monitoring and funding ensure that child-adult ratio is kept low.

Local Head Start Programs Can--

- Use training and technical assistance, monitoring and program quality improvement funds to enhance overall classroom quality, language-focused classroom activities, and to improve teacher sensitivity and interaction with children
- Use quality improvement funds and volunteers to reduce child/adult ratios

Family Implications

The Head Start Bureau should be aware of the need for training, technical assistance and educational materials for program staff on the topic of family structural change.

Head Start programs should:

- Be aware of the large number of household changes occurring within their families and the potential for both positive and negative effects on children's development and behavior. Staff should also be aware of the potential for positive and negative effects on family income, stress and stability.
- Be aware of the diversity in family structure and the potential for maximizing the role of father figures in the lives of Head Start children.

- Provide services to fathers and father figures that encourage active involvement with their children and support of the mother in child-rearing
- Be aware that families with no household father are at greater risk for exposure to violence and provide educational and social services to parents and children to mitigate these dangers

Violence Implications

Head Start staff should:

- Be aware of and sensitive to the potential for exposure to violence among Head Start children and families.
- Provide training for teaching staff on how exposure to violence affects child behavior and techniques that can be used to mitigate these effects.
- Provide training to staff on ways to assist families in preventing and avoiding violence.
- Enhance Head Start mental health services and assertively reach out to depressed mothers to promote treatment and support.
- Aggressively promote parent involvement in Head Start by arranging social events, transportation, encouragement of classroom participation and family networking.
- Continue to make Head Start a “safe place” for parents and children that provides a respite from violent homes or neighborhoods.

Disability Implications

Head Start programs and disability coordinators should:

- Ensure that all Head Start children with disabilities receive all the community and Head Start services to which they are entitled.
- Be aware of and aggressively promote access to services available through IDEA for all children.

Be aware of the potential for depression among parents with children with disabilities and facilitate access to mental health services for them.

Research Implications

- FACES demonstrates the importance of longitudinal research that examines child and family development from a comprehensive, multi-faceted perspective
- Classroom quality is a multi-dimensional concept that requires hierarchical analyses to “unpack” its multiple components

- A comprehensive approach to the analysis of program quality and child and family outcomes is an ecologically-valid one that is relevant to other type of child and family services such as child care.
- Valid and reliable large-scale child development studies can be conducted in multiple sites using staff who are not clinicians if instruments are carefully selected, extensive training is provided, and field work is well-coordinated and quality controlled, and cooperation from the field is forthcoming.
- FACES demonstrates the value of qualitative research as an intrinsic part of quantitative studies in illuminating, clarifying and providing new insight into issues affecting children and families.

